2022 11 0M 0M 0042569M

FEC FORM 1

AMENDED STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

FORM 1			2022 NOV - 3 use 18.10: 27			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
TENTH CONGRESSIONAL D	DISTRICT REPUBLICAN ORG	SANIZATION				
	33 NORTH COUNTY STF	L				
ADDRESS (number and street)						
☐ ◀ (Check if address is changed)	SUITE 300					
	CITY A		STATE ▲ ZIP CODE ▲			
COMMITTEE'S E-MAIL ADDRI	ESS					
(Check if address is changed)	MARKSHAWGOP@GMA	IL.COM				
	Optional Second E-Mail Ad	dress				
		·				
COMMITTEE'S WEB PAGE AD	DDRESS (URL)					
(Check if address	1		1			
is changed)						
		11111111				
2. DATE 10 24	7 7 7 7 7 7 7 2022					
3. FEC IDENTIFICATION N	IUMBER ▶ C 00	0626937				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined	this Statement and to the best	of my knowledge and belief i	it is true, correct and complete.			
,,	PHILIP S. HOWE	,	, , , , , , , , , , , , , , , , , , ,			
Type or Print Name of Treasure	er					
Signature of Treasurer	Mark J. Sh.	and, CHATRITAN	Date 10 24 2022			
NOTE: Submission of false, error		may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109 WITHIN 10 DAYS.			
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	EEL EURIVI I			

FEC F	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE	
(a)	te Committee: This committee is a principal campaign committee. (Complete the candidate information below	()
(b) П		
	This committee is an authorized committee, and is NOT a principal campaign committee. (Co- information below.)	mplete the candidate
Name of Candidate		_ <u>L </u>
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Par
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization i
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or par
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Со	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4	!	

FEC Form 1 (Revised	1 02/2009)	Page 3
Write or Type Committee Nar		. ago o
	DISTRICT REPUBLICAN ORGANIZATION	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
LILLINO(S REPUBLICANIPA	RTY	
Mailing Address	PO BOX 64897	
	[CHI¢AGO	[60664
	CITY . STATE	ZIP CODE
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
 Custodian of Records: Id books and records. 	lentify by name, address (phone number optional) and position of the	e person in possession of committee
Full Name MARK	<u> </u>	
Mailing Address	33 NORTH COUNTY STREET	
	SUITE 300,	
	WAUKEGAN:	J [60085 1]- 1 1
Title or Position	CITY STATE	ZIP CODE
Treasurer	. Telephone number	847 - 609 - 3482
Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committ , assistant treasurer).	lee; and the name and address of
Full Name PHILIP of Treasurer	S. HOWE	
Mailing Address	739 ALLEGHANY ROAD	
	GRAYSLAKE	60030 -
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	847 - 548 - 5325

FEC For	1 (Revised 02/2009)		Page 4
	_		
Full Name of Designated Agent	MARK L. SHAW	1 + 1 + 1 + 1 1	
Mailing Address	33 NORTH COUNTY STREET	1 1 1 1 1 1 1 1 1	
	[SYITE 300]		
	WAUKEGAN	, ,	0085
ì	CITY	STATE	ZIP CODE
Title or Position Chairman	1	phone number 847 ;]-[244] -[4696]
	Depositories: List all banks or other depositories in which tixes or maintains funds. Tepository, etc.	he committee deposits fund	s, holds accounts, rents
	<u></u>		1 1 1 1 1 1 1 1
Mailing Address			
		<u> </u>	
		ـا لــا لــــــــــــــــــــــــــــــ	
	CITY	STATE	ZIP CODE
Name of Bank,	epository, etc.		
	<u> </u>	<u> </u>	
Mailing Address			
		1 1 1 1 1 1 1	
	CITY	STATE	ZIP CODE



ATTORNEYS AT LAW

33 NORTH COUNTY STREET, SUITE 3007 E. WAUKEGAN, ILLINOIS 6008 F.C.

MILWAWKEE WI 530 25 OCT 2022PM 2 L

2022 NOY - 3 AM 10: 27

Federal Election Commission 1050 First Street, N.E.

WASHINGTON DC 20002-0001

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WDO "	11/3/22			
(3/2015) ,	DATE PREPARED			